

**BUTZEL LONG**  
ATTORNEYS AND COUNSELORSSuite 200  
100 Bloomfield Hills Parkway  
Bloomfield Hills, MI 48304-2949  
(248) 258-1616

Fax: (248) 258-1439

**Fax Cover Sheet**

Please deliver the following pages to:

Name: Examiner C. Davis GAU 3611  
Firm: U.S. Patent and Trademark Office  
City & State: \_\_\_\_\_  
Fax Number: 703-872-9306  
File Reference: 132818-1

From:

Name: William J. Clemens  
Date: November 7, 2005 Time: 8:48 AM☐ Please Confirm TransmissionContact Phone No 248-593-3019

Message: Please see the following Amendment for filing in patent application S/N 10/723,635.

Thank you.

RECEIVED  
OIPF/IAP

NOV 08 2005

RECEIVED  
OIPF/IAP

NOV 07 2005

This material is intended only for the individual or entity to which it is addressed. It may contain privileged, confidential information which is exempt from disclosure under applicable laws. If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this material (other than to the intended recipient) or copying this material. If you have received this communication in error, please notify us immediately by telephone and return this material (and all copies) to us by mail at the above address. On request, we will reimburse you for any cost of return. Thank you.

Number of Pages (including this cover page) 10


If you do not receive all of the pages, please call back as soon as possible

Office Services: (248) 258-4495

PTO/SB/17 (12/04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL For FY 2005</b>		<b>Complete if known</b>	
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	10/723,035
		Filing Date	November 26, 2003
		First Named Inventor	Michael A. Sturba et al.
		Examiner Name	Cassandra Hope Davis
		Group/Art Unit	3611
		Attorney Docket No.	132818-0001 (formerly 16137)
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>NOV 07 2005</b>	
TOTAL AMOUNT OF PAYMENT	(\$ 60 )		
<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____			
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <u>12-2136</u> Deposit Account Name <u>Butzel Long</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments			
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. Basic Filing, Search, and Examination Fees</b>			
<b>FILING FEES</b>		<b>SEARCH FEES</b>	
<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Utility	300	500	200
Design	200	100	130
Plant	200	300	160
Reissue	300	500	600
Provisional	200	0	0
		<b>EXAMINATION FEES</b>	
		<b>Small Entity</b>	
		<b>Fee (\$)</b>	<b>Fee (\$)</b>
		100	65
		80	300
		0	0
		<b>Fees Paid (\$)</b>	
<b>2. EXCESS CLAIM FEES</b>			
<b>Fee Description</b>		<b>Small Entity</b>	
		<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
		<b>Multiple Dependent Claims</b>	
		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> _____ - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.			
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> _____ - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>
		/50 = _____ (round up to a whole number)	
			<b>Fee Paid (\$)</b>
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): <u>One-Month Extension of Time</u>			
<b>60</b>			
<b>SUBMITTED BY</b>			<b>Complete (if applicable)</b>
Typed or Printed Name	William J. Clemens		Reg. No. 26,855
Signature			Date November 7, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.